



*"Service with Excellence
& Integrity"*

Arkansas Department of Community Correction

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Little Rock, Arkansas 72201-5731
(501) 682-9510 Fax: (501) 682-9513

ADMINISTRATIVE DIRECTIVE: 12-03 RESIDENT SERIOUS ILLNESS/INJURY OR DEATH

TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES

FROM: DAVID EBERHARD, DIRECTOR

SUPERSEDES: NONE

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APPROVED: Signature on File

EFFECTIVE: August 21, 2012

- I. APPLICABILITY.** This policy applies to medical services employees, residential facility employees and residents of DCC residential facilities.
- II. POLICY.** DCC personnel will take all reasonable actions to ensure that the person(s) designated or required by policy/law receive timely and accurate information concerning any serious illness or injury and are promptly contacted in the case of a resident's death and appropriate actions are taken regarding a death and disposition of the remains. (4-ACRS-7D-15)

III. DEFINITIONS.

- A. Declaration of Final Disposition.** A resident's statement specifying his/her wishes for disposal of bodily remains at death, provided the disposition is in accordance with existing laws, rules, and practices for disposing of human remains.
- B. Final Disposition.** The burial, cremation or legal anatomical donation of a deceased resident's body.
- C. Serious Illness or Injury.** Life threatening illness or injury requiring hospitalization or emergency medical treatment.

IV. PROCEDURES.

- A. Notifications of Serious Illness or Injury.** In case of serious illness or injury of a resident, authorized staff will notify the person(s) designated on the “Resident Emergency Contacts” form. Whenever possible, staff will obtain the resident’s consent prior to notifying a designated individual. Staff will work with the person(s) to keep them abreast of the resident’s situation. Notifications must be made by the Chaplain or Center Supervisor’s designee and notifications must comply with the resident’s requests, DCC policy, HIPAA and related law. (4-ACRS-4C-21)
- B. Reference to Related Policy.** When appropriate, refer to the administrative regulation and administrative directive titled “Offenders with a Terminal Illness or Permanently Incapacitated.”
- C. Declaration of Final Disposition.** The Declaration of Final Disposition Form will be available to residents during intake and through the chaplain’s office. If a resident is not of sound mind or is under age 18, the parent or legal guardian must sign the form.
- D. Notification of Death of a Resident and Disposition of Remains (4-ACRS-7D-15)**
1. When a resident dies, regardless of cause or location, the Shift Supervisor or designee must perform the following:
 - a. promptly notify the Center Supervisor, Health Services Administrator and Chaplain.
 - b. follow the agency notification process as described in the Reporting and Investigating Incidents and Hazards policy.
 - c. notify the county coroner (even if the resident dies at a medical facility). The coroner or attending medical doctor will pronounce the resident dead. Make a note of the time death is pronounced and the coroner’s or medical doctor’s first and last name. Provide the coroner with required information and ensure they know the resident was incarcerated.
 - d. notify the State Police of the death.
 - e. notify the chief law enforcement official of the county or municipality that has jurisdiction.
 - f. notify the State Crime Lab, Medical Examiner’s Office (501) 227-5936. If after hours leave a message.
 - g. fax the completed “Body Submission Form” to the State Crime Lab, Medical Examiner’s Office FAX: (501) 227-1653. (See example form on EagleNet). If you do not have complete information, send what you have and provide an update later.
 - h. check the “Declaration of Final Disposition” form if one is on file to determine whether notification must be given to the military and if so, ensure the notification.
 - i. notify the prosecuting attorney in the county where the death occurred.
 - j. makes appropriate entries in eOMIS and ACIC/NCIC.

2. The law grants the right to control final disposition of the remains of a deceased person as described in this policy. The person given control must be 18 years of age or older. (Ark. Code Ann. §20-17-102) The law does NOT give any weight to a person named by the resident as an “emergency contact” unless such person is designated on a military emergency data form or in a “Declaration of Final Disposition,” or the person is in the sequential list below. If attempts to contact a person are not successful, then a diligent effort must be made to contact the next person, continuing down the list until contact is made. The identity of the deceased shall not be disclosed to the media until the notification process is complete. The Chaplain or designee must make a reasonable attempt to notify until notification is accomplished, or it is determined notification is not possible. For assistance in locating people on the list, consider checking eOMIS, contacting the coroner’s office, prosecuting attorney, and/or local law enforcement. Notification attempts must be made in the following sequence until someone has been notified (in addition to notifying emergency contact(s)) (notification may be by phone or in-person):
 - a. The appropriate military authorities if the resident has indicated on the “Declaration of Final Disposition” form that they have an applicable military affiliation
 - b. The person(s) as listed on the Declaration of Final Disposition form if such designation has been made
 - c. Spouse
 - d. Adult children
 - e. Parent
 - f. Sibling
 - g. Grandparent
 - h. Grandchild
 - i. Guardian
 - j. Closest living relative
3. The Chaplain or designee must inform the contacted person of the death, relate the relevant facts of the death as provided by the Center Supervisor (or his/her designee), and discuss disposition of the body, providing the following information:
 - a. the law requires notification of next-of-kin in a certain sequence and gives the person highest on the notification list the authority to handle final arrangements. (Consider asking the person if they have contact information for the person(s) highest up on the list and if so, contact that person)
 - b. If claiming the body, advise the person to contact the Office of the State Medical Examiner for further information and provide relevant information from the “Declaration of Final Disposition” form if the resident has one.
 - c. Inform the contact that the State Medical Examiner requires an examination that may include autopsy at the State Crime Lab in Little Rock and the county coroner will take the body to the lab. Consider providing contact information for the State Medical Examiner’s Office (501) 227-5936, Chaplain, DCC Public Relation Office and/or county coroner’s office.

E. Release of the Deceased

1. DCC will honor any resident's declaration of being an "Organ Donor" and will allow any medical procedures as determined by the medical staff to achieve the resident's declared purpose.
2. If no one can be contacted after a diligent effort by the Chaplain or designee and the coroner confirms no claim of the body, or the contacted person will not claim the body for any reason, the responsibility for final disposition shall default to the DCC. When DCC must assume responsibility of the body, the Center Supervisor (or the Director's designee) must perform the following:
 - a. Comply with appropriate preferences stated on the "Declaration of Final Disposition" form if on file.
 - b. Notify the University of Arkansas for Medical Sciences, Department of Anatomy, that the unclaimed body is available for use in the advancement or study of medical science. This notification should be made as soon as it is confirmed that the body will not be claimed – the Department of Anatomy will allow the next of kin or other relative, friend, representative of a fraternal society of which the deceased was a member, or representative of any charitable or religious group to claim the body for burial purposes for a period not to exceed 48-hours from the time of death.
 - c. If a resident's "Declaration of Final Disposition" does not rule out cremation, and the resident's family (the person highest on the sequential list) does not oppose cremation the department will have the remains cremated upon release by the Medical Examiner's office, but no sooner than 10 calendar days after death to allow time for an appropriate family member to claim the remains.
 - d. Cremains shall be released to the person nearest the top of the notification list of those who could be contacted or who came forth or another appropriate person making claim. If no one can be located, the cremains will be maintained for a minimum of ninety (90) days for an appropriate person to claim. If not claimed after 90 days, the remains shall be scattered in a designated cemetery.
 - e. For an unclaimed body that will not be cremated make arrangements for burial in a designated cemetery.

F. Financial Responsibility. Payment for services provided on behalf of a deceased resident are the responsibility of the person claiming the body. DCC is responsible for payment of final disposition services for an unclaimed body.

V. ATTACHMENTS.

AD 12-03 Form 1 Declaration of Final Disposition Age 18 & Up
AD 12-03 Form 2 Declaration of Final Disposition below Age 18
AD 12-03 Form 3 Resident Relatives/Associates

VI. REFERENCES.

Ark. Code Ann. § 20-17-102

Body Submission Form (Arkansas Crime Lab Form ME-FORM-01)

Note, On EagleNet there is an EXAMPLE Body Submission form and a link to the blank form

Arkansas Department of Community Correction
DECLARATION OF FINAL DISPOSITION AGE 18 & UP

Instructions: This form is optional except when a resident must notify DCC of a military affiliation. If a resident does not complete this, the policy will guide staff to notify the appropriate person if a resident dies while assigned to a residential community correction facility. **This form is for age 18 and above;** for others use the form "Declaration of Final Disposition Below Age 18."

☐ I am (or) ☐ I am NOT . . . an accepted applicant for enlistment-in or in military status such as in a branch of the armed forces of the United States, the National Guard or a reserve component of the armed forces, where I have a valid Department of Defense Form 93, "Record of Emergency Data" form on file (form 93 will take precedence over information on this form).

If I answered "I am" to the above question, my military unit contact information is as follows:

Military Organization to include reporting unit: _____

Address: _____ Phone: _____

I, (name): _____ PID Number: _____ being of sound mind willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by:

Name	Relationship to Resident	Address if Known	Phone If Known
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If the above person dies, cannot be located, or is unable to act, I appoint:

Name	Relationship to Resident	Address if Known	Phone If Known
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ORGAN DONATION: I am ☐ an Organ Donor. I am NOT ☐ an Organ Donor

SPECIAL DIRECTIONS: Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

DURATION: This declaration becomes effective upon my death.

I hereby revoke any prior declaration of any person to control the disposition of my remains (other than what is on a valid Department of Defense Form 93, Record of Emergency Data).

Signature of Person Making the Declaration	Date Signed	Printed Name of Person Making the Declaration
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WITNESS STATEMENT: I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence. I am 18 years old or older.

Signature of First Witness	Signature of Second Witness
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Printed Name of First Witness	Printed Name of Second Witness
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Arkansas Department of Community Correction
DECLARATION OF FINAL DISPOSITION BELOW AGE 18

Instructions: Instructions are on page 2 of this form.

RESIDENT COMPLETE THIS PORTION OF THE FORM:

Resident Name: _____ PID Number: _____ Dorm/Room: _____

Assigned Community Correction Center Address: _____

☐ I am (or) ☐ I am NOT . . . an accepted applicant for enlistment-in or in military status such as in a branch of the armed forces of the United States, the National Guard or a reserve component of the armed forces, where I have a valid Department of Defense Form 93, "Record of Emergency Data" form on file (form 93 will take precedence over information on this form).

If I answered "I am" to the above question, my military unit contact information is as follows:

Military Organization to include reporting unit: _____

Address: _____ Phone: _____

ORGAN DONATION: I am ☐ an Organ Donor. I am NOT ☐ an Organ Donor

PARENT OR LEGAL GUARDIAN COMPLETE THIS PORTION OF THE FORM:

I am the ☐ Parent OR ☐ Legal Guardian of the above-named resident and I am of sound mind.

On behalf of the above-named resident I willfully and voluntarily make known my desire that, upon the death of the above-named resident, the disposition of his/her remains shall be controlled by:

Name	Relationship to Resident	Address if Known	Phone If Known
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If the above person dies, cannot be located, or is unable to act, I appoint:

Name	Relationship to Resident	Address if Known	Phone If Known
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SPECIAL DIRECTIONS: Set forth below are any special directions limiting the power granted to this agent as well as any instructions or wishes desired to be followed in the disposition of the above-named resident's remains:

DURATION: This declaration becomes effective upon the death of the above-named resident.

I hereby revoke any prior declaration of any person to control the disposition of my remains (other than what is on a valid Department of Defense Form 93, Record of Emergency Data).

Signature of Parent or Legal Guardian Making the Declaration (have your signature witnessed, as shown below)	Date Signed	Printed Name of Parent or Legal Guardian Making the Declaration
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WITNESS STATEMENT: I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence. I am 18 years old or older.

Signature of First Witness	Signature of Second Witness
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Printed Name of First Witness	Printed Name of Second Witness
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DECLARATION OF FINAL DISPOSITION BELOW AGE 18 (continued)

Instructions: This form is optional except when a resident must notify DCC of a military affiliation. If a resident or parent/guardian does not complete this, the agency policy, which is aligned with the law, will guide staff to notify the appropriate person if a resident were to die while assigned to a community correction center.

This form is for age 17 or below; for others use the form “Declaration of Final Disposition Age 18 & Up.” The resident can complete a portion of this, however, a resident age 17 or below cannot ratify this; instead a parent or legal guardian must sign. The resident can write to his/her parent/guardian and may indicate their preferences. The parent/guardian must sign and have two witnesses who are age 18 or older sign to witness the parent/guardian’s signature. Return the signed document to the Department of Community Correction Center where the resident is assigned; the address should be on this form.

**Arkansas Department of Community Correction
RESIDENT RELATIVES/ASSOCIATES**

CONFIDENTIAL

Instructions for DCC Staff: Require residents to complete this at intake. Residents are not required to authorize release of information by initialing, however other information must be completed to include the signature. Release of information is guided by this and other appropriate policies and is based on law. **Do not release information unless you are authorized and you understand and follow the law and policy.**

Enter appropriate information in eOMIS and scan this form into eOMIS then the original may be destroyed.

I, _____ Date of Birth: _____
(Print or Type Resident's Name)

Offender PID Number: _____

authorize: the Arkansas Department of Community Correction to disclose the following:

_____ (Initials)	If I am seriously Ill, seriously injured or deceased I authorize release of my diagnosis (what is wrong with me), condition (such as seriously ill or critically ill), prognosis (what is likely to happen next) and location (such as the hospital I am in).
_____ (Initials)	If I am seriously Ill, seriously injured or deceased I authorize release of events that may have contributed to my serious illness, serious injury or death.
_____ (Initials)	During my time at the Community Correction Center I authorize release of drug/alcohol treatment/counseling information to include but not limited to: diagnosis, prognosis, attendance, cooperation, progress or lack thereof, and drug/alcohol test results.

I authorize release of the above information where I have initialed to the people listed (where initialed) on the back of this form.

I understand that the law allows health care workers to release certain information with my verbal consent, when I do not object or when I am incapacitated, even though I have not authorized release on this form.

This authorization and consent are subject to revocation upon release from court-ordered supervision/confinement by the undersigned except to the extent that action has been taken in reliance thereon.

My signature also acknowledges the "notice to the offender regarding release of drug/alcohol treatment information" on the back of this form.

_____ Offender Signature	_____ Date	_____ Witness Signature
_____ Offender Printed Name	_____ Date	_____ Witness Printed Name

CONFIDENTIAL

AD 12-03 Form 3

**Arkansas Department of Community Correction
RESIDENT RELATIVES/ASSOCIATES continued**

CONFIDENTIAL

Resident's Initials to Authorize Person to Receive Info	Name	Relationship to Resident	Address	Dependent Care Guardian/ Percentage	Emergency Contact (e.g., Primary, Secondary)

The confidentiality of alcohol and drug abuse patient records maintained by federally-supported alcohol or drug treatment programs is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by an offender/patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Reference: 42 CFR § 2.22

CONFIDENTIAL

AD 12-03 Form 3